

~~SECRET~~

# DUTY STATUS REPORT

(b)(1)  
(b)(3)

\_\_\_\_\_  
(Name) \_\_\_\_\_ (Post or Station)

Period from 16 Sep 51 19\_\_ to 13 Oct 51 19\_\_

I certify that during the above period the individual named was on duty on all regular work days, except for periods of annual and sick leave, as noted below. (Indicate "None" if no leave was taken):

| Date | Hours Annual Leave | Hours Sick Leave | Initials |
|------|--------------------|------------------|----------|
| None |                    |                  |          |
|      |                    |                  |          |
|      |                    |                  |          |
|      |                    |                  |          |

Quarters (Check One)

Dependency (Check One)

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Occupied government-owned quarters                 | <input checked="" type="checkbox"/> Single without dependents at post |
| <input type="checkbox"/> Occupied temporary lodgings                                   | <input type="checkbox"/> Single with dependents at post               |
| <input type="checkbox"/> Occupied permanent quarters and Form 33-22 has been furnished | <input type="checkbox"/> Married without dependents at post           |
| <input type="checkbox"/> Headquarters, or is attached hereto.                          | <input type="checkbox"/> Married with dependents at post              |

During above period the individual named remained at his post on all work days, except for the following periods of temporary duty travel. During all absences from his post, the individual continued to maintain and pay for quarters at his post, except as otherwise indicated under Remarks below:

| Date of Departure from Post | Points Visited | Date of Return to Post |
|-----------------------------|----------------|------------------------|
| None                        |                |                        |
|                             |                |                        |
|                             |                |                        |
|                             |                |                        |

Remarks: Overtime performed and claimed:

|  |                 |
|--|-----------------|
| <u>0600-1200, 1300-1800, 1900-2400 22 Sep, 23 Sep, 6 Oct, 7 Oct:</u> | <u>56 hours</u> |
| <b>TOTAL HOURS CLAIMED</b>   | <b>56 hours</b> |

|  |                 |
|--|-----------------|
| <u>Night Differential: 1800-2400 24 thru 28 Sep and 8 thru 12 Oct:</u> | <u>60 hours</u> |
| <b>TOTAL HOURS NOT CLAIMED</b>   | <b>60 hours</b> |

The foregoing statements are complete and true to the best of my knowledge and belief and are made for the purpose of substantiating or causing payments to the individual of salary, allowances, leave, and post differential.

**Excess overtime performed in accordance with VOCO due to heavy workload and shortage of personnel.**

Signed: \_\_\_\_\_ Chief of Station

APPROVED FOR RELEASE ☐  
DATE: 27-May-2010

- INSTRUCTIONS -

1. This form must be prepared for each employee covering each 4-weekly pay period, and forwarded in a single copy only to Headquarters, not later than 3 days following the end of the pay period.
2. All periods of annual or sick leave must be specifically and clearly indicated.
3. If any change occurred in the individual's quarters or dependency status during the period covered by this report, show clearly under "Remarks" the nature of the change and the exact date on which it occurred.
4. All periods of absence from the post should be clearly indicated. If the individual is absent from the post at the end of the reporting period, indicate the approximate date he is expected to return.
5. If the individual is occupying permanent quarters, Form 33-22 must be submitted with this report, unless it has been previously forwarded.
6. Any unusual condition or circumstance which would effect the payment of Salary, Allowances, Leave or Salary Differential will be clearly set forth on this form.